

Entered - 10-9-00 - sb
CL 00L0616 ALEXIS HOLMES

CLAIM OF: **TERRY L. ROSS**
2550 Appomattox Drive
Decatur, Georgia 30034

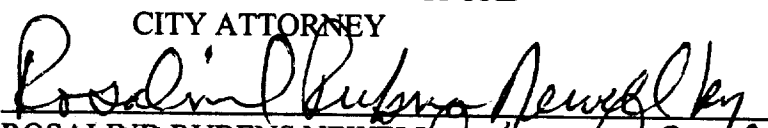
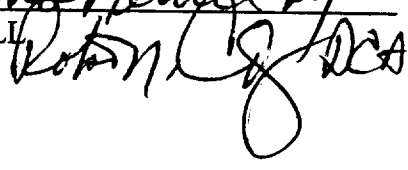
01-*R*-0259

For damages alleged to have been sustained as a result of a vehicular accident on September 8, 2000 at Sullivan Road and Riverdale Road.

BY PUBLIC SAFETY AND
LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to **Terry L. Ross** the sum of **\$717.93** in full settlement and satisfaction of all claims, past, present and future, of every kind and character **for damages alleged to have been sustained as a result of a vehicular accident on September 8, 2000 at Sullivan Road and Riverdale Road** as is more particularly set forth in the within claim; said sum taken from and charged to account 2H01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD
CITY ATTORNEY

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY 

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0616

Date: 2/15/01

Claimant /Victim TERRY L. ROSS

BY: (Atty) _____

Address: 2550 Appomattox Drive, Decatur, Georgia 30034

Subrogation: _____ Claim for Property damage 717.93 Bodily Injury \$ _____

Date of Notice: 9/22/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 9/8/00 Place: Sullivan Road and Riverdale Road

Department Aviation Division: Management Information Services

Employee involved William D. Bailey Disciplinary Action: Oral Admonishment

NATURE OF CLAIM: The claimant sustained vehicular damage when the driver of a City vehicle struck his vehicle from behind when he proceeded to make a right turn after stopping at a stop sign.

INVESTIGATION:

Statements: City employee X Claimant X Other _____ Written _____ Oral X

Pictures _____ Diagrams X Reports: Police X Dept Report _____ Other _____

Traffic citations issued: City Driver X Claimant Driver None

Citation disposition: City Driver Dismissed Claimant Driver Dismissed

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable X

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - ALEXIS HOLMES

RECOMMENDATION:

Pay \$ 717.93 Adverse _____ Account charged: 1A01 _____ 2J01 _____ 2H01 X

Claims Manager:  Concur/date 02/15/01

Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA SEP 22
CLERK OF COUNCIL
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: _____

09-22-00P02:55 RCVD

Dear Clerk of Council:

ENTERED - 10-9-00 - SB
00L0616 - ALEXIS HOLMES

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 718.00 property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 9-8-00
(month/day/year)

2. Police called: ✓
Yes No

3. Location of incident: Sullivan Road + Riverdale Rd.

4. Name of your insurance company: _____ Policy No. _____

5. State what and how incident occurred: I WAS STOPPED AT SULLIVAN RD WAITING FOR TRAFFIC TO CLEAR TO ENTER RIVERDALE ROAD AND WAS REAR ENDED AT THE YIELD SIGN.

6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

7. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: 1999 Chevy 99 409 TMA Terry Ross
(make) (year) (tag number) (driver's name)

City vehicle: _____
(make) (City driver's name) (department/bureau)

8. Witness: John Ross 3004 Battle Forest Dr. 404-243-0757
(name) (address) (telephone number)
Decatur Ga.

9. The acknowledgement of this claim in no way waives the Governmental immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

10. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Terry J. Ross
(claimant's name)

25510 Appomattox Dr.
(address)

Decatur GA. 30034
(city and state)

404-714-7241 404-243-7265
(work number) (home number)

01-R-0259

Holmes
10/09/00
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